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RULE				

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** CONTINUING DATA *Y* yes *****

This appln claims benefit of 60/265,770 01/31/2001

** FOREIGN APPLICATIONS *Y* none *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/24/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 9	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Initials			
Verified and Acknowledged Examiner's Signature					

ADDRESS

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TITLE

Cranial sealing plug

FILING FEE RECEIVED 1034	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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